DOCUMENT RESUME

ED 103 933 CS 501 029

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TITLE The Problem of Globus Hystericus.
PUB DATE 74
NOTE 8p.; Study prepared at Hofstra University

EDRS PRICE MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS Pathology; *Psychopathology; *Psychosomatic Diseases; Research; *Speech Pathology
IDENTIFIERS *Globus Hystericus

ABSTRACT

Globus hystericus is the sensation of a foreign body lodged somewhere in the throat where none is actually found to exist. Although there is some disagreement, medical specialists generally contend that the condition is triggered by a highly emotional experience. Despite the absence of a physical growth to account for the sensation, the condition is nevertheless serious because it feeds upon fear. In most cases, an explanation by the doctor of the psychological elements involved and the relation of the condition to the traumatic experience which gave rise to it are enough to clear up the symptom. The psychologist and the speech pathologist, as well as the medical specialist, need to be aware of the prevalence of this condition. When the symptom occurs after an emotional shock and in the absence of voice changes or dysphagia, an awareness on the part of the consultant of the globus hystericus syndrome can relieve much of the patient's fear. (TO)

ED1039333

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The Problem of Globus Hystericus

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CS 501 089

A problem which has received little attention in psychological literature is a condition known to the medical profession as "globus Hystericus"--the sensation of a foreign body lodged somewhere in the throat, where none is actually found to exist. The foreign body may be thought to be located in the larynx or in the esophagus, in which case there may or may not be accompanying dysphagia or difficulty in swallowing. There is frequently a conviction on the part of the patient, however, that food is "stuck in the throat" after ingestion. This belief may exist even when thorough examination reveals nothing wrong in the throat or laryngeal apparatus. (6)

Although there is some disagreement among medical specialists as to the physiological dynamics involved, it is generally agreed that the condition is triggered by a highly emotional experience. Schoeneich (8) traces the symptom from an experience of extreme disappointment, and Greene (4) cites cases of patients who were frightened when relatives or friends died of cancer of the throat. It is probably true that many varieties of psychological trauma may produce the condition. In fact, globus hystericus bears a suspicious resemblance to the proverbial "lump in the throat" so prevalent in Victorian novels.

Despite the absence of a physical growth to account for the experience, the condition is nevertheless serious because it feeds upon fear. A patient who is suggestible enough to imagine that he has an obstruction in his throat can easily convince himself that the obstruction is a malignant tumor, and that he is the victim of laryngeal or esophageal

cancer. Particularly today, when there is such a concerted effort to make the public aware of the symptoms of cancer, and of the necessity for early examination, the victim of globus hystericus is in an especially vulnerable situation.

There is an unfortunate absence of figures regarding the incidence of this condition. Rigby (7) discusses 98 patients with the symptom of a lump in the throat, and simply states that most were diagnosed as a mild type of hysteria, while the others were found to have organic disease. This finding, coupled with Greene's statement to the effect that "functional voice disorders following thyroidectomy are more common than organic disorders" (4) would lead one to believe that cases of globus hystericus may well outnumber cases of actual obstructions in the area of the throat, larynx and esophagus, but to what extent this is true is at present unknown.

Previous investigators believed that the condition was more prevalent in women than in men, particularly in women between the ages of 30 and 50. However, a rather high occurrence of globus among soldiers during the Second World War tends to cast some doubt on the theory that women are more susceptible and on the age group in which it is supposed to occur. It would seem that if the emotional shock is severe enough, it may produce the symptom in both sexes and at various ages.

Physiological Factors Involved. Although it is generally acknowledged that emotional factors are prominent in producing the state

known as globus hystericus, and though there is no physical "lump" in the throat to account for the sensation, investigators have theorized as to the type of physiological reactions which may be involved. In the Psychology of Communication, Eisenson (3) states, "All behavior is accompanied by physiological changes." According to Conn (2), a functional condition cannot exist without an organ that is functioning, and if an organ is involved there must be a structural or 'organic' change in order to produce the so-called 'functional' state. There can be no function without organic alterations." It would be strange indeed if a feeling as realistic and uncomfortable as that of globus hystericus did not have some physiological correlate. Some of the theories which have been offered to account for the condition are as follows:

1. Hyperesthesia of the esophageal muscles. Jacobson (6) quotes Rosenheim as arguing that globus is primarily a condition of disordered sensation. The esophageal tissue is oversensitive and thus gives rise to a feeling of a foreign body lodged within the organ.

2. Muscular spasm. Jacobson himself favors this view and states that globus is essentially a spastic phenomenon. "The walls of the esophagus, meeting in spasm, feel somewhat like a bolus of food, and suggest to the patient the experience of a foreign body." (6) Jacobson points out that this motor conception of globus need not deny a possible associated element of hyperesthesia, since it is quite reasonable to assume that a spastic muscle will be hyper-

sensitive. Jacobson cites the results of X-ray studies which actually revealed a delay in the passage of food through the esophagus, due to spasm.

3. Hypertrophy of lingual tonsil and lipping of anterior border of cervical vertebra. This explanation has been offered by Rigby (7) who observed the changes by means of X-rays of the neck. Rigby suggests that the lipping may be the trigger mechanism producing the symptom, and views this explanation as at least as logical as the other two that have been offered.

Perhaps a word should be said about the use of the terms "globus hystericus" itself. Schoeneich, though he found the symptom in women who had all been previously insecure, and thus unable to "swallow their disappointing experience", questions the necessarily hysterical nature of the symptom, since other signs of hysteria were not evident in these cases. Schoeneich proposes that globus be viewed instead as an expression of an "organ neurosis" of the esophagus.

Most of the investigators of this condition state that an explanation by the doctor of the psychological elements involved, and the relation of the condition to the traumatic experience which gave rise to it are enough to clear up the symptom. In some persistent cases, X-rays and endoscopy may be necessary to convince the patient that no physical obstruction exists.

It is important for the psychologist and the speech pathologist, as well as the medical specialist, to be aware of the prevalence of this condition. It is not suggested that thorough medical examination should

be ruled out, in view of the fact that one of the early symptoms of laryngeal or esophageal tumor is indeed the sensation of a foreign body. However, when the symptom occurs hard on the heels of an emotional shock, such as bereavement, and in the absence of voice changes or dysphagia, an awareness on the part of the consultant of the common occurrence of the syndrome known as "globus hystericus can do much to avoid considerable grief. A frank discussion with the patient of the various possibilities involved can help to dispel the notion that he is necessarily doomed.

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